





RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

NICK LYON  
DIRECTOR

## Early Hearing Detection and Intervention Program

### Hearing Intervention Status Form: Child with Hearing Loss Identified

FAX:			Date:		
To: <i>Early On</i> ®Michigan Coordinator					
From: Michelle Garcia, EHDI, Follow-Up Consultant, 517/335-8878					
RE:		DOB:		Kit Number:	
DX Hearing Loss:					
<b>Early On Services:</b>					
Already enrolled in EO system?	Yes	No	IFSP Signed Date:		
Parents refused EO services?	Yes	No			
Other disabilities identified?	Yes	No			
<b>Educational Intervention:</b>					
Coordinating Interventionist's name:			Phone:		
School System:					
A person with HI experience on the IFSP?	Yes	No			
<b>Audiological Intervention:</b>					
Coordinating Audiologist's name:			Phone:		
Audiologic monitoring every 3 months?	Yes	No			
Amplification option chosen?	Yes	No	Fit date:		
Amplification monitored every 3 months?	Yes	No			
Cochlear Implant option chosen?	Yes	No			
<b>Communication Skills Intervention:</b>					
Parent-Infant Program?	Yes	No			
<b>Family Support:</b>					
Resource guide distributed? (Form # MDHHS-0376)	Yes	No	Date: (for copies 517/335-8955)		
Community Mental Health Services?	Yes	No			
Children's Special Health Care Services?	Yes	No			
Family-to-Family Support Referral?	Yes	No	(EHDI Parent Consultant 517/241-7066)		
<b>Medical Intervention:</b>					
Coordinating Physician:			Phone:		
Risk indicator for hearing loss identified?	Yes	No	Risk Indicator:		
Physician involved in IFSP?	Yes	No			
Otolaryngology evaluation?	Yes	No	Referral in process?	Yes	No
Ophthalmology evaluation?	Yes	No	Referral in process?	Yes	No
Genetic evaluation? Clinic?	Yes	No	(for MDHHS Genetics 517/335-8887)		

I hereby give my permission to the Early On staff to release this intervention information to the MDHHS/EHDI. I understand that MDHHS/EHDI uses this information to help ensure that my child receives appropriate services. MDHHS/EHDI uses unidentified combined intervention information to help improve statewide services.

Parent signature:	Date:
<b>FAX BACK TO 517/335-8036 by:</b>	Date Faxed Back: